



## APPLICATION FOR RETIREMENT BENEFITS

State Form 45343 (R6 / 5-13)

**INDIANA PUBLIC RETIREMENT SYSTEM**  
**1977 POLICE OFFICERS' & FIREFIGHTERS'**  
**PENSION & DISABILITY FUND**  
1 North Capitol Avenue, Suite 001  
Indianapolis, IN 46204-2014  
Telephone: (888) 526-1687 (Toll-free)  
Fax: (866) 591-9441 (Toll-free)  
E-mail: [questions@inprs.in.gov](mailto:questions@inprs.in.gov)  
Web site: [www.inprs.in.gov](http://www.inprs.in.gov)

\* This agency is requesting disclosure of Social Security numbers in accordance with Internal Revenue Code 3405; disclosure is mandatory and this form cannot be processed without it.

### INSTRUCTIONS

1. Remove the instruction pages included with this form prior to returning the completed form to the Indiana Public Retirement System (INPRS) at the address shown above.
2. Type or print using black ink. Complete all information and place the Member's name and Social Security number at the top of each page as requested.
3. This completed form may be delivered to the lobby of INPRS at the address indicated on the form. Lobby hours are 8 a.m. to 5 p.m. on weekdays. The agency is closed on weekends and holidays, including all State-designated holidays.
4. Questions? Call customer service, toll-free, at (888) 526-1687, Monday – Friday, 8 a.m.- 8 p.m. EST.

### MEMBER INFORMATION

Member's name		Social Security number (last 4 digits)*		Pension ID (PID) number
Address (number and address)		Telephone number with area code		Other telephone number with area code
City	State	ZIP Code	E-mail address	

### DATE OF RETIREMENT

Effective date of retirement benefits: \_\_\_\_\_ (mm/dd/yyyy).

This date cannot be the same as your last day in pay status. It must be at least one day after the last day in pay status. If you are not of age to receive benefits, please enter the date in which you will be eligible to receive benefits. (Reduced benefits at age 50 / full benefits at age 52 years.)

For DROP retirements, this date must match the retirement date on your DROP enrollment form.

### ELECTION FOR PAYMENT OF DEFERRED RETIREMENT OPTION PLAN (DROP) BENEFIT (Complete only if you are a DROP participant.)

Select **only one** of the following options:

- ☐ **Choice A** – I elect to forego the DROP benefit and receive my regular retirement.
- ☐ **Choice B** – I elect a complete distribution of my DROP benefits as indicated below.
- ☐ **Choice C** – I elect annual installment payments over a three (3) year period of my DROP benefit as indicated below.

Taxable portion: ☐ Direct rollover ☐ Paid directly to me (less withholding)  
☐ Partial rollover in the amount of \_\_\_\_\_%, balance (less withholding) paid to me.

Name of eligible 401(a), 403(b), or governmental 457(b) retirement plan or eligible IRA (complete only if you select a rollover).  
(This must be the complete name of the eligible plan or eligible IRA as reported by the trustee to the Internal Revenue Service.)  
Name:

Non-taxable portion: ☐ Direct rollover ☐ Paid directly to me (less withholding)  
☐ Partial rollover in the amount of \_\_\_\_\_%, balance (less withholding) paid to me.

Name of eligible defined contribution plan or eligible IRA (complete only if you select a rollover).  
(This must be the complete name of the eligible plan or eligible IRA as reported by the trustee to the Internal Revenue Service.)  
Name:

I elect the above distribution for my DROP benefit. I understand that my choice for payment cannot be changed after this form is received by INPRS. By signing below, I acknowledge that I have read and understand this statement.

Signature of member	Date of signature (mm/dd/yyyy)
Printed name of member	

Member's name	Social Security number <i>(last 4 digits)*</i>	Pension ID (PID) number
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MARITAL STATUS	
Marital status of member <i>(check one)</i> <input type="checkbox"/> Married <input type="checkbox"/> Single	Name of spouse <i>(first, middle initial, last)</i>
Social Security Number of spouse*	Date of birth of spouse <i>(mm/dd/yyyy)</i>
Signature of member	Date <i>(mm/dd/yyyy)</i>

MEMBER AFFIDAVIT	
<p>I hereby submit this Application for Retirement Benefits and say under oath that: I am the person who completed this retirement application. I have carefully read the form and all of the information I have been provided with this application, including all instructions and supplemental documents and fully understand it.</p> <p>All of the information I have provided and the questions I have answered are full, complete and true, and that no material fact has been concealed or omitted. I further certify that I am not continuing uninterrupted employment in any capacity full-time or part-time, in a 1977 Fund covered position or a position not covered by the 1977 Fund in any agency or department of my current employer.</p> <p>I understand fully that once this application has been processed by the 1977 Fund and I have received a benefit check or warrant, this transaction may not be voided by a return of the check, warrant or money.</p>	
Member signature	Date <i>(mm/dd/yyyy)</i>
Printed name of member	

NOTARY PUBLIC CERTIFICATION	
State of _____ <div style="text-align: center;">SS:</div> County of _____ Before me the undersigned, a Notary Public for _____ County, State of _____, <div style="text-align: center;"><i>Officer's county of residence</i>                      <i>Officer's state of residence</i></div> personally appeared _____ and he/she, being first duly sworn by me upon his/her oath, <div style="text-align: center;"><i>Name of person</i></div> say that the facts alleged in the foregoing instrument are true. <div style="text-align: right;">SEAL</div> Signed and sealed this _____ day of _____, 20_____. <div style="text-align: right;"><i>Signature</i></div> My commission expires: _____ <div style="text-align: center;"><i>Date (mm/dd/yyyy)</i>                      <i>Name of officer (printed or typed)</i></div>	

# INSTRUCTIONS FOR COMPLETING APPLICATION FOR RETIREMENT BENEFITS

State Form 45343 (R6 / 5-13)

## IMPORTANT

1. Remove the instruction pages included with this form prior to returning the completed form to the Indiana Public Retirement System (INPRS) at the address shown above.
2. Type or print using black ink. Complete all information and place the Member's name and Social Security number at the top of each page as requested.
3. This completed form may be delivered to the lobby of INPRS at the address indicated on the form. Lobby hours are 8 a.m. to 5 p.m. on weekdays. The agency is closed on weekends and holidays, including all State-designated holidays.
4. Questions? Call customer service, toll-free, at (888) 526-1687, Monday – Friday, 8 a.m.- 8 p.m. EST.

Entry field	Field description
<b>MEMBER INFORMATION</b>	
Member's name	Enter the complete name of the member.
Social Security number	Enter the last 4 digits of the member's Social Security number.
Pension ID (PID) number	Enter the member's Pension ID (PID) number.
Address, City, State, ZIP Code	Enter the member's street or mailing address.
Telephone number/Other telephone number	Enter telephone numbers including area codes for the member.
E-mail address	Enter the member's e-mail address, if applicable.
<b>DATE OF RETIREMENT</b>	
Effective Date	Enter month and year. The effective date must begin on the first day of the month.
<b>ELECTION FOR PAYMENT OF DEFERRED RETIREMENT OPTION PLAN (DROP) BENEFIT</b> <b>IMPORTANT! Complete this section only if you are a DROP participant.</b>	
Election for payment of DROP benefit	Select only one.
Choice A	You may elect to forego your DROP benefit and receive your regular payment.
Choice B	You may elect an immediate distribution of the taxable and non-taxable portions of your DROP benefit. You may select from the options below.
Choice C	You may elect a distribution of the taxable and non-taxable portions of your DROP benefit over a three (3) year period. Your DROP money will not earn any interest during the time period waiting for the last two (2) distributions. You may select from the options below.
Taxable portion: Direct rollover	You may elect to have ALL of the taxable portion of your DROP benefit paid in the form of a direct rollover into an eligible 401(a), 403(b), or governmental 457(b) plan or eligible IRA which has provisions allowing it to accept the rollover on your behalf. This option defers any taxes owed on your DROP benefit balance.
Taxable portion: Paid directly to you	You may elect to have the total amount of the taxable portion of your DROP benefit (less mandatory withholding for federal income tax) paid directly to you.
Taxable portion: Partial rollover	You may select this option if you want only a partial rollover of the taxable portion of your DROP benefit into an eligible 401(a), 403(b), or governmental 457(b) plan or eligible IRA which has provisions allowing it to accept the rollover on your behalf. The percent you specify will be paid in the form of a direct rollover into the plan. The remainder of the taxable portion of your DROP benefit which is not directly rolled over (less mandatory withholding for federal income tax) will be paid directly to you. If you select this option, you must enter the percentage of the partial rollover in the space provided on the form.
Non-taxable portion: Direct rollover	You may elect to have ALL of the non-taxable portion of your DROP benefit paid in the form of a direct rollover into an eligible defined contribution plan or eligible IRA which has provisions allowing it to accept the rollover on your behalf.
Non-taxable portion: Paid directly to you	You may elect to have the total amount of the non-taxable portion of your DROP benefit paid directly to you.
Non-taxable portion: Partial rollover	You may select this option if you want only a partial rollover of the non-taxable portion of your DROP benefit into an eligible defined contribution plan or eligible IRA which has provisions allowing it to accept the rollover on your behalf. The percent you specify will be paid in the form of a direct rollover into the plan. The remainder of the non-taxable portion of your DROP benefit which is not directly rolled over will be paid directly to you. If you select this option, you must enter the percentage of the partial rollover in the space provided on the form.
Member's signature and date	The member must sign and date this section of the form.
Printed name of member	The member must print name.
<b>MARITAL STATUS</b>	
Marital status	Enter the member's marital status.
Spouse name	Enter the member's spouse's full name, if applicable.
Spouse Social Security number	Enter the member's spouse's Social Security number, if applicable.
Spouse birth date	Enter the member's spouse's birth date, if applicable.
Member's signature	The member must sign and date this section of the form.

**INSTRUCTIONS FOR COMPLETING  
APPLICATION FOR RETIREMENT BENEFITS**

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**MEMBER AFFIDAVIT**

Member's signature	The member must sign and date this section of the form.
Date	The member must include the date the form was signed; format = mm/dd/yyyy.
Printed name of member	The member must print name.

**NOTARY PUBLIC CERTIFICATION**

This form must be notarized before it can be processed by INPRS. Take the form to a Notary Public with an active commission. The Notary will require that you swear or affirm that you are the named person on the form. You will be required to sign and date the form in the Notary's presence. The notary must then complete the NOTARY PUBLIC CERTIFICATION section of the form and affix the Notary's seal.

**HELPFUL INFORMATION**

	<b>INPRS/77 FUND</b>	<b>INTERNAL REVENUE SERVICE</b>	<b>INDIANA DEPARTMENT OF REVENUE</b>
<b>Telephone numbers</b>	(888) 526-1687 Toll-free	(800) 829-1040 Toll-free	(317) 233-4018 Indianapolis local
	(866) 591-9441 Fax Toll-free	(800) 829-4477 TeleTax	(317) 232-2240 Tax questions
		(800) 829-4059 TDD (hearing impaired)	(317) 233-4952 TDD (hearing impaired)
			(317) 233-2329 Fax
<b>Web site</b>	<a href="http://www.inprs.in.gov">www.inprs.in.gov</a>	<a href="http://www.irs.gov">www.irs.gov</a>	<a href="http://www.in.gov/dor">www.in.gov/dor</a>

## **SPECIAL TAX NOTICE REGARDING PLAN PAYMENTS**

### **Important Information for Plan Payments under Governmental 401(a) Plans**

State Form 45343 (R6 / 5-13)

You are receiving this notice because all or a portion of a payment you are receiving from the Plan is eligible to be rolled over to an IRA or an eligible employer plan. This notice is intended to help you decide whether to do such a rollover.

Rules that apply to most payments from a plan are described in the GENERAL INFORMATION ABOUT ROLLOVERS section. Special rules that only apply in certain circumstances are described in the SPECIAL RULES AND OPTIONS section.

### **GENERAL INFORMATION ABOUT ROLLOVERS**

#### **How can a rollover affect my taxes?**

You will be taxed on a payment from the Plan if you do not roll it over. If you are under age 59½ and do not do a rollover, you will also have to pay a 10 percent additional income tax on early distributions (unless an exception applies). However, if you do a rollover of your plan distribution to other than a Roth IRA, you will not have to pay tax until you receive payments later and the 10 percent additional income tax will not apply if those payments are made after you are age 59½ (or if an exception applies).

#### **Where may I roll over the payment?**

You may roll over the payment to either an IRA (an Individual retirement account or individual retirement annuity) or an eligible employer plan (a tax-qualified plan, section 403(b) plan, or governmental section 457(b) plan) that will accept the rollover. The rules of the IRA or employer plan that holds the rollover will determine your investment options, fees, and rights to payment from the IRA or employer plan (for example, no spousal consent rules apply to IRAs and IRAs may not provide loans). Further, the amount rolled over will become subject to the tax rules that apply to the IRA or employer plan.

#### **How do I do a rollover?**

There are two ways to do a rollover. You can do either a direct rollover or a 60-day rollover.

If you do a direct rollover, the Plan will make the payment directly to your IRA or an employer plan. You should contact the IRA sponsor or the administrator of the employer plan for information on how to do a direct rollover.

If you do not do a direct rollover, you may still do a rollover of all or a part of that payment by making a deposit into an IRA or employer plan that will accept it. You will have 60 days after you receive the payment to make the deposit. If you do not do a direct rollover, the Plan is required to withhold 20 percent of the taxable portion of the payment for federal income taxes (up to the amount of cash and property received other than employer stock). This means that, in order to roll over the entire payment in a 60-day rollover, you must use other funds to make up for the 20 percent withheld. If you do not roll over the entire taxable portion of the payment, the portion not rolled over will be taxed and will be subject to the 10 percent additional income tax on early distributions if you are under age 59½ (unless an exception applies).

#### **How much may I roll over?**

If you want to do a rollover, you may roll over all or part of the amount eligible for rollover. Any payment from the Plan is eligible for rollover, except:

- Certain payments spread over a period of at least 10 years or over your life or life expectancy (or the lives or joint life expectancy of you and your beneficiary)
- Required minimum distributions after age 70½ (or after death)
- Hardship distributions
- Corrective distributions of contributions that exceed tax law limitations
- Loans treated as deemed distributions (for example, loans in default due to missed payments before your employment ends)
- Cost of life insurance paid by the Plan

The Plan administrator or the payor can tell you what portion of a payment is eligible for rollover.

#### **If I don't do a rollover, will I have to pay the 10 percent additional income tax on early distributions?**

If you are under age 59½, you will have to pay the 10 percent additional income tax for early distributions on any taxable portion of the payment from the Plan (including amounts withheld for income tax) that you do not rollover, unless one of the exceptions listed below applies. This tax is in addition to the regular income tax on the payment not rolled over.

The 10 percent additional income tax does not apply to the following payments from the Plan:

- Payments made after you separate from service if you will be at least age 55 in the year of the separation
- Payments that start after you separate from service if paid at least annually in equal or close to equal amounts over your life or life expectancy (or the lives or joint life expectancy of you and your beneficiary)
- Payments from a governmental defined benefit pension plan made after you separate from service if you are a public safety employee and you are at least age 50 in the year of the separation
- Payments made due to disability
- Payments after your death
- Corrective distributions of contributions that exceed tax law limitations
- Cost of life insurance paid by the Plan
- Payments made directly to the government to satisfy a federal tax levy
- Payments made under a qualified domestic relations order (QDRO)
- Payments up to the amount of your deductible medical expenses
- Certain payments made while you are on active duty if you were a member of a reserve component called to duty after September 11, 2001, for more than 179 days

## **SPECIAL TAX NOTICE REGARDING PLAN PAYMENTS**

### **Important Information for Plan Payments under Governmental 401(a) Plans**

State Form 45343 (R6 / 5-13)

#### **If I do a rollover to an IRA, will the 10 percent additional income tax apply to early distributions from the IRA?**

If you receive a payment from an IRA when you are under age 59½, you will have to pay the 10 percent additional income tax on early distributions from the IRA, unless an exception applies. In general, the exceptions to the 10 percent additional income tax for early distributions from an IRA are the same as the exceptions listed above for early distributions from a plan. However, there are a few differences for payments from an IRA, including:

- There is no exception for payments made after separation from service in a year in which you are at least age 55.
- The exception for qualified domestic relations orders (QDROs) does not apply (although a special rule applies under which, as part of a divorce or separation agreement, a tax-free transfer maybe made directly to an IRA of a spouse or former spouse).
- The exception for payments made at least annually in equal or close to equal amounts over a specified period applies without regard to whether you have had a separation from service.
- There are additional exceptions for (1) payments for qualified higher education expenses, (2) payments up to \$10,000 used in a qualified first-time home purchase, and (3) payments after you have received unemployment compensation for 12 consecutive weeks (or would have been eligible to receive unemployment compensation but for self-employed status).

#### **Will I owe State income taxes?**

This notice does not describe any State or local income tax rules (including withholding rules).

### **SPECIAL RULES AND OPTIONS**

#### **If your payment includes after tax contributions**

After-tax contributions included in a payment are not taxed. If a payment is only part of your benefit, an allocable portion of your after-tax contributions is generally included in the payment. If you have pre-1987 after-tax contributions maintained in a separate account, a special rule may apply to determine whether the after-tax contributions are included in a payment.

You may roll over to an IRA a payment that includes after-tax contributions through either a direct rollover or a 60-day rollover. You must keep track of the aggregate amount of the after-tax contributions in all of your IRAs (in order to determine your taxable income for later payments from the IRAs).

You may roll over to an employer plan all of a payment that includes after-tax contributions, but only through a direct rollover (and only if the receiving plan separately accounts for after-tax contributions and is not a governmental section 457(b) plan). You can do a 60-day rollover to an employer plan of part of a payment that includes after-tax contributions, but only up to the amount of the payment that would be taxable if not rolled over.

#### **If you miss the 60-day rollover deadline**

Generally, the 60-day rollover deadline cannot be extended. However, the IRS has the limited authority to waive the deadline under certain extraordinary circumstances, such as when external events prevented you from completing the rollover by the 60-day rollover deadline. To apply for a waiver, you must file a private letter ruling request with the IRS. Private letter ruling requests require the payment of a nonrefundable user fee. For more information, see IRS Publication 590, Individual Retirement Arrangements (IRAs).

#### **If you have an outstanding loan that is being offset**

If you have an outstanding loan from the Plan, your Plan benefit may be offset by the amount of the loan, typically when your employment ends. The loan offset amount is treated as a distribution to you at the time of the offset and will be taxed (including the 10 percent additional income tax on early distributions, unless an exception applies) unless you do a 60-day rollover in the amount of the loan offset to an IRA or employer plan.

#### **If you were born on or before January 1, 1936**

If you were born on or before January 1, 1936, and receive a lump sum distribution that you do not roll over, special rules for calculating the amount of the tax on the payment might apply to you. For more information, see IRS Publication 575, Pension and Annuity Income.

#### **If you are an eligible retired public safety officer and your pension payment is used to pay for health coverage or qualified long-term care insurance**

If the Plan is a governmental plan, you retired as a public safety officer, and your retirement was by reason of disability or was after normal retirement age, you can exclude from your taxable income plan payments paid directly as premiums to an accident or health plan (or a qualified long term care Insurance contract) that your employer maintains for you, your spouse, or your dependents, up to a maximum of \$3,000 annually. For this purpose, a public safety officer is a law enforcement officer, firefighter, chaplain, or member of a rescue squad or ambulance crew.

#### **If you roll over your payment to a Roth IRA**

If you roll over the payment to a Roth IRA, a special rule applies under which the amount of the payment rolled over (reduced by any after-tax amounts) will be taxed. However, the 10 percent additional income tax on early distributions will not apply (unless you take the amount rolled over out of the Roth IRA within 5 years, counting from January 1 of the year of the rollover). For payments from the Plan during 2010 that are rolled over to a Roth IRA, the taxable amount can be spread over a 2-year period starting in 2011.

If you roll over the payment to a Roth IRA, later payments from the Roth IRA that are qualified distributions will not be taxed (including earnings after the rollover). A qualified distribution from a Roth IRA is a payment made after you are age 59½ (or after our death or disability, or as a qualified first-time homebuyer distribution of up to \$10,000) and after you have had a Roth IRA for at least 5 years. In applying this 5-year rule, you count from January 1 of the year for which your first contribution was made to a Roth IRA. Payments from the Roth IRA that are not qualified distributions will be taxed to the extent of earnings after the rollover, including the 10 percent additional income tax on early distributions (unless an exception applies). You do not have to take required minimum distributions from a Roth IRA during your lifetime. For more information, see IRS Publication 590, Individual Retirement Arrangements (IRAs).

You cannot roll over a payment from the Plan to a designated Roth account in an employer plan.

## **SPECIAL TAX NOTICE REGARDING PLAN PAYMENTS**

### **Important Information for Plan Payments under Governmental 401(a) Plans**

State Form 45343 (R6 / 5-13)

#### **If you are not a plan participant**

Payments after death of the participant. If you receive a distribution after a participant's death and you do not do a rollover, the distribution will generally be taxed in the same manner described elsewhere in this notice. However, the 10 percent additional income tax on early distributions will not apply. In addition, the special rules for public safety officers do not apply. The special rule described under the section "If you were born on or before January 1, 1936" applies only if the participant was born on or before January 1, 1936.

If you are a surviving spouse. If you receive a payment from the Plan as the surviving spouse of a deceased participant, you have the same rollover options that the participant would have had, as described elsewhere in this notice. In addition, if you choose to do a rollover to an IRA, you may treat the IRA as your own or as an inherited IRA.

An IRA you treat as your own is treated like any other IRA of yours, so that payments made to you before you are age 59½ will be subject to the 10 percent additional income tax on early distributions (unless an exception applies) and required minimum distributions from your IRA do not have to start until after you are age 70½.

If you treat the IRA as an inherited IRA, payments from the IRA will not be subject to the 10 percent additional income tax on early distributions. However, if the participant had started taking required minimum distributions, you will have to receive required minimum distributions from the inherited IRA. If the participant had not started taking required minimum distributions from the Plan, you will not have to start receiving required minimum distributions from the inherited IRA until the year the participant would have been age 70½.

If you are a surviving beneficiary other than a spouse. If you receive a payment from the Plan because of a participant's death and you are a designated beneficiary other than a surviving spouse, the only rollover option you have is to do a direct rollover to an inherited IRA. Payments from the inherited IRA will not be subject to the 10 percent additional income tax on early distributions. You will have to receive required minimum distributions from the inherited IRA.

Payments under a qualified domestic relations order. If you are the spouse or former spouse of a participant and you receive a payment from the Plan under a qualified domestic relations order (QDRO), you generally have the same options the participant could have (for example, you may roll over the payment to your own IRA or an eligible employer plan that will accept it). Payments under the QDRO will not be subject to the 10 percent additional income tax on early distributions.

#### **If you are a nonresident alien**

If you are a nonresident alien and you do not do a direct rollover to a U.S. IRA or U.S. employer plan, instead of withholding 20 percent, the Plan is generally required to withhold 30 percent of the payment for federal income taxes. If the amount withheld exceeds the amount of tax you owe (as may happen if you do a 60-day rollover), you may request an income tax refund by filing Form 1040NR and attaching your Form 1042-S. See Form W-8BEN for claiming that you are entitled to a reduced rate of withholding under an income tax treaty. For more information, see also IRS Publication 519, U.S. Tax Guide for Aliens; and IRS Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities.

#### **Other special rules**

If a payment is one in a series of payments for less than 10 years, your choice whether to make a direct rollover will apply to all later payments in the series (unless you make a different choice for later payments).

If your payments for the year are less than \$200, the Plan is not required to allow you to do a direct rollover and is not required to withhold for federal income taxes. However, you may do a 60-day rollover.

You may have special rollover rights if you recently served in the U.S. Armed Forces. For more information, see IRS Publication 3, Armed Forces' Tax Guide.

### **FOR MORE INFORMATION**

You may want to consult with the Plan administrator or payor, or a professional tax advisor, before taking a payment from the Plan. Also, you can find more detailed information on the federal tax treatment of payments from employer plans in: IRS Publication 575, Pension and Annuity Income; IRS Publication 590, Individual Retirement Arrangements (IRAs); and IRS Publication 571, Tax Sheltered Annuity Plans (403(b) Plans). These publications are available from a local IRS office, on the web at [www.irs.gov](http://www.irs.gov), or by calling 1-800-TAX-FORM.



## APPLICATION FOR DIRECT DEPOSIT

State Form 39175 (R13 / 9-13)

Approved by State Board of Accounts, 2013

Submit for changes to direct deposit to:

**INDIANA PUBLIC RETIREMENT SYSTEM  
PUBLIC EMPLOYEES' RETIREMENT FUND**

P.O. Box 7121  
Indianapolis, Indiana 46207-7121  
Telephone: (888) 526-1687 (Toll-free)

**TEACHERS' RETIREMENT FUND**

P.O. Box 7037  
Indianapolis, Indiana 46207-7037  
Telephone: (888) 286-3544 (Toll-free)  
Fax: (800) 386-5127 (Toll-free)  
E-mail: [questions@inprs.in.gov](mailto:questions@inprs.in.gov)  
Web site: [www.inprs.in.gov](http://www.inprs.in.gov)

Submit with retirement application to:

**INDIANA PUBLIC RETIREMENT SYSTEM**

One North Capitol Avenue, Suite 001  
Indianapolis, Indiana 46204-2899  
Telephone: (888) 526-1687 (Toll-free)  
Fax: (800) 591-9441 (Toll-free)

\* This agency is requesting disclosure of Social Security numbers in accordance with Internal Revenue Code 3405; disclosure is mandatory and this application cannot be processed without it.

### INSTRUCTIONS

If you receive multiple benefit payments and elect to have all Fund accounts electronically deposited, a separate *Application for Direct Deposit of Recurring Payment* (State Form 39175) must be completed for each payment.

**Direct deposit is the preferred method for receiving monthly benefits.**

1. This application may be completed online or by logging on to Online Retirement Service Center on the Indiana Public Retirement System (INPRS) Web site located at [www.inprs.in.gov](http://www.inprs.in.gov).
2. Type or print using black ink.
3. If this form is being completed by a court-appointed guardian or power of attorney, the appropriate forms must already be on file with INPRS or must be included with this application.
4. For verification of routing and account information, please include a voided check.
5. Remember to sign and date page 1 of this application.
6. **This application may take 60-90 days to process from date of receipt.**
7. This completed application may be delivered to the lobby of INPRS at One North Capitol Avenue, Suite 001, Indianapolis, IN 46204. Lobby hours are 8 a.m. to 5 p.m. on weekdays. The agency is closed on weekends and holidays, including all State-designated holidays.
8. Questions or changes? Call customer service, toll-free, at (888) 526-1687, Monday – Friday, 8 a.m. - 8 p.m. EST.

### PAYEE INFORMATION

Status of payee (*check one*):

☐ Retiree

☐ Survivor Annuitant

Payee's name	Social Security number ( <i>last 4 digits</i> )*	Pension ID (PID) number
Decedent's name	Social Security number ( <i>last 4 digits</i> )*	Pension ID (PID) number
Address ( <i>number and street</i> )	Telephone number with area code	Other telephone number with area code
City	State	ZIP Code
E-mail address		

Select the appropriate Fund:

☐ 1977 Police and Firefighters' Fund

☐ Public Employees' Retirement Fund

☐ Legislators' Retirement System

☐ Judges' Benefit System

☐ PERF – ASA Only Plan

☐ Teachers' Retirement System

☐ Prosecuting Attorneys'

☐ Conservation/Excise/Gaming Officers' Plan

By signing this application, I agree to adhere to the terms listed in Article A included on this application.

Signature of payee, court-appointed guardian, or power of attorney

Date (*mm/dd/yyyy*)



Payee's name	Social Security number <i>(last 4 digits)*</i>	Pension ID (PID) number
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ACCOUNT INFORMATION		
Name of financial institution		Telephone number with area code
Address <i>(number and street)</i>		
City		State ZIP Code
Type of account <input type="checkbox"/> Savings <input type="checkbox"/> Checking	Routing number <i>(nine(9) digits)</i>	Account number
List all names on the account		
<p><b>Article A:</b> By signing this form, I (payee) authorize and request the Fund to direct the net amount of such recurring payments to my account at the financial organization (Bank) designated above and I authorize said Bank to accept and to credit the payments to my account. I acknowledge that the transfer of the payments by the Fund to the Bank satisfies and discharges the obligation of the Fund to me. This authorization is not an assignment of my right to receive payment and revokes all prior payment direction notifications applicable to these payments. I will comply with the Bank's procedures providing safeguards against withdrawals of deposits after my death. If any deposits are made after my death to which I am not entitled, I hereby authorize and direct the Bank on behalf of my estate to refund said deposits to the Fund and to charge same to my account. I understand that the Bank and the Fund reserve the right to cancel this agreement by notice to me; and this authorization will remain in effect with the Fund until canceled by written notice from me.</p>		

# INSTRUCTIONS FOR APPLICATION FOR DIRECT DEPOSIT OF RECURRING PAYMENT

State Form 39175 (R13 / 9-13)

## IMPORTANT

If you receive multiple benefit payments and elect to have all Fund accounts electronically deposited, a separate *Application for Direct Deposit of Recurring Payment* (State Form 39175) must be completed for each payment.

**Direct deposit is the preferred method for receiving monthly benefits.**

1. This application may be completed online or by logging on to Online Retirement Service Center on the Indiana Public Retirement System (INPRS) Web site located at [www.inprs.in.gov](http://www.inprs.in.gov).
2. Type or print using black ink.
3. If this form is being completed by a court-appointed guardian or power of attorney, the appropriate forms must already be on file with INPRS or must be included with this application.
4. For verification of routing and account information, please include a voided check.
5. Remember to sign and date page 1 of this application.
6. **This application may take 60-90 days to process from date of receipt.**
7. This completed application may be delivered to the lobby of INPRS at One North Capitol Avenue, Suite 001, Indianapolis, IN 46204. Lobby hours are 8 a.m. to 5 p.m. on weekdays. The agency is closed on weekends and holidays, including all State-designated holidays.
8. Questions or changes? Call customer service, toll-free, at (888) 526-1687, Monday – Friday, 8 a.m.- 8 p.m. EST.

Entry field	Field description
<b>PAYEE INFORMATION</b>	
Payee's name	Enter the complete name of the payee.
Social Security number	Enter the last 4 digits of the payee's Social Security number.
Pension ID (PID) number	Enter the payee's PID number.
Date of birth	Enter the payee's date of birth; format = mm/dd/yyyy.
Address	Enter the payee's street address and/or mailing address.
Telephone number/Other telephone number	Enter the payee's telephone numbers including area codes for the payee.
E-mail address	Enter the payee's e-mail address, if applicable.
Do you receive more than one monthly benefit from PERF?	Select <b>Yes</b> or <b>No</b> . If Yes is selected you must answer the next question.
If yes, do you want to have all Fund accounts electronically deposited?	Select <b>Yes</b> or <b>No</b> . If you receive multiple benefit payments and elect to have all Fund accounts electronically deposited, a separate <i>Application for Direct Deposit of Recurring Payment</i> (State Form 39175) must be completed for each payment.
Select the appropriate Fund(s)	Check the appropriate boxes.
Signature of payee, court-appointed guardian, or power of attorney	Signature of payee, court-appointed guardian, or power of attorney. In the case of the court-appointed guardian or power of attorney the format is <court-appointed guardian or power of attorney> for <payee's name>.
Date	The application must be signed and dated; format = mm/dd/yyyy.
<b>ACCOUNT INFORMATION</b>	
Routing number	This is also known as the ABA number and is the first set of nine digits beginning at the left at the bottom of the check or deposit slip. See diagram for actual placement of this number.
Account number	This is the second set of digits from the left at the bottom of the check or deposit slip. See diagram for actual placement of this number.
Type of account	Choose <b>Savings</b> or <b>Checking</b> .
List all names on the account	List the names of everyone that has permission to use the account and are on file with the financial institution as such.
Financial institution	Enter the name of the financial institution (bank, credit union, savings, etc.).
Address	Enter the street address of the financial institution.
City, State, ZIP Code	Enter the city, state, and ZIP Code of the financial institution.
Telephone number	Enter the financial institution's telephone number with area code.

